

Senator Herb Kohl

Application for Nomination to U.S. Service Academies

**14 West Mifflin Street, Suite 207
Madison, Wisconsin 53703**

**Contact: Joylynn Gilles or Ryan Knocke
(608) 264-5338**

Please PRINT or TYPE

FULL NAME _____

ADDRESS _____

CITY, ZIP CODE _____

COUNTY _____

TELEPHONE _____

EMAIL ADDRESS _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

CONGRESSIONAL DISTRICT _____

PARENTS' NAMES _____

Daytime telephone number where your father can be
reached _____

Daytime telephone number where your mother can be
reached _____

DATE OF HIGH SCHOOL GRADUATION _____

HIGH SCHOOL

Name

Address

City

Telephone

CLASS STANDING (number and size) _____

GRADE POINT AVERAGE _____ on a 4.0 scale
_____ weighted

Please indicate date that you took your college entrance
exams and if you plan to retake the tests:

Examination Date(s) _____

Reexamination Date(s) _____

COLLEGE ENTRANCE EXAM SCORES:

If you have taken an exam multiple times, please list
ALL scores from each test date.

SAT

Critical

Reading _____

Math _____

Writing _____

ACT

English _____

Reading _____

Science

Reasoning _____

Math _____

Writing _____

Composite _____

APPLYING FOR ADMISSION TO:

(Please number in order of preference - rank only those
academies you wish to attend.)

() AIR FORCE

() MILITARY (ARMY)

() NAVY

() MERCHANT MARINE

Do you wear eyeglasses? Y / N

Do you wear contacts? Y / N

Please list any high schools or universities formerly attended, beginning with the most recent:

School	Address	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SERVICE ACADEMY INFORMATION

Would you attend a service academy preparatory school if offered a position? _____

Do you have any siblings attending a service academy? _____

If so, which one(s)? _____

Have you requested a pre-candidate kit from an academy? _____

If so, which academies? _____

Please indicate below if you have applied for a service academy nomination from any other source:

President _____	Vice President _____	U.S. Senator Ron Johnson _____
U.S. Representative _____	District _____	Secretary of (active duty personnel) _____

ACTIVITIES (You may attach a separate list of your activities.)

OUT-OF-SCHOOL ACTIVITIES

Please list any non-school activities in which you have participated by school year (include employment, scouting, church groups, community service, etc.). If employed, please state responsibilities of jobs, dates of employment, hours worked per week.

SCHOOL ACTIVITIES

Please list all scholastic honors, scholarships, recognitions and awards received.

Please list all school activities in which you have participated. Include clubs, athletics, school organizations, etc. Please indicate any leadership roles in those activities.

Please list all extracurricular honors, achievements and recognitions received.

OTHER ACTIVITIES (include hobbies, recreational activities, special interests)

IN 200 WORDS OR LESS, STATE WHY YOU WANT TO ATTEND A SERVICE ACADEMY. ATTACH THIS STATEMENT TO THE APPLICATION.

CERTIFICATION:

I do hereby certify that I am a U.S. citizen and a resident of the State of Wisconsin. I do further certify that I am unmarried, not pregnant, and have no legal obligation to support children or other dependents. Additionally, I will not be less than 17 years of age nor more than 23 years of age on July 1st of the year that I hope to enter the Academy of my choice.

Signature of Applicant

Date